



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE
Meridian Health Plan of Michigan, Inc.

NAIC Group Code	4640 (Current Period)	4640 (Prior Period)	NAIC Company Code	52563	Employer's ID Number	38-3253977
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	12/31/1995		Commenced Business	12/31/1995		
Statutory Home Office	1 Campus Martius, Suite 700 (Street and Number)		Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)			
Main Administrative Office			1 Campus Martius, Suite 700 (Street and Number)			
	Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)				(313)324-3700 (Area Code) (Telephone Number)	
Mail Address	1 Campus Martius, Suite 700 (Street and Number or P.O. Box)		Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			1 Campus Martius, Suite 700 (Street and Number)			
	Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)				(313)324-3700 (Area Code) (Telephone Number)	
Internet Website Address	www.mhplan.com					
Statutory Statement Contact	Mathew Agnone (Name)		(313)324-3700 (Area Code)(Telephone Number)(Extension)			
	matthew.agnone@mhplan.com (E-Mail Address)		(313)324-1822 (Fax Number)			

OFFICERS

Name	Title
Jon B. Cotton	President
Sean P. Cotton	Secretary
Janice Torosian	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

George Ellis
David B. Cotton M.D. #
Karie Pasternak

State of Michigan
County of Wayne ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Jon B. Cotton	Sean P. Cotton	Janice Torosian
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this
day of , 2016
a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached
Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed .....	.....	.....	.....	.....	.....	.....
0299999 TOTAL Group .....	.....	.....	.....	.....	.....	.....
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	..... 2,142,732	..... 10,371,842	..... 256,963	..... 12,193,641	.....	..... 24,965,178
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	..... 2,142,732	..... 10,371,842	..... 256,963	..... 12,193,641	.....	..... 24,965,178

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Meridian Rx Pharmacy Rebate Receivable	1,131,984	1,017,719		589,287	589,287	2,149,703
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	1,131,984	1,017,719		589,287	589,287	2,149,703
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
ACA Fee Receivable				16,919,998		16,919,998
Grant Receivable	11,237					11,237
State of Michigan	6,308,826	831,543	704,132	8,023,706		15,868,207
First Recovery Receivable	93,663					93,663
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	6,413,725	831,543	704,132	24,943,704		32,893,105
0799999 Gross health care receivables	7,545,709	1,849,263	704,132	25,532,991	589,287	35,042,808

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables	2,119,531	991,842		2,738,990	2,119,531	2,191,374
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	28,744,481	79,980,592	1,085,212	31,807,893	29,829,693	29,829,694
7. TOTALS (Lines 1 through 6)	30,864,012	80,972,434	1,085,212	34,546,883	31,949,224	32,021,068

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	68,644,348	1,109,944	1,109,944	511,886	4,176,341	75,552,464
0499999 Subtotals	68,644,348	1,109,944	1,109,944	511,886	4,176,341	75,552,464
0599999 Unreported claims and other claim reserves						218,126,847
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						293,679,311
0899999 Accrued Medical Incentive Pool and Bonus Amounts						2,656,594

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
	N O N E						
0399999 TOTAL Gross Amounts Receivable .....	.....	.....	.....	.....	.....	.....	.....

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Caidan Management Company, LLC .....	.....	13,269,391	13,269,391	.....
Meridian Rx, LLC .....	.....	254,664	254,664	.....
Caidan Holding Company, Inc. ....	.....	5,245	5,245	.....
.....
0199999 Total - Individually Listed Payables	X X X	13,529,300	13,529,300	.....
0299999 Payables not Individually Listed	X X X .....	.....	.....	.....
0399999 TOTAL Gross Payables	X X X	13,529,300	13,529,300	.....

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	408,790,788	24.622				408,790,788
2.	Intermediaries						
3.	All other providers						
4.	TOTAL Capitation Payments	408,790,788	24.622				408,790,788
Other Payments:							
5.	Fee-for-service	137,849,758	8.303	X X X	X X X		137,849,758
6.	Contractual fee payments	1,102,282,915	66.392	X X X	X X X		1,102,282,915
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments	11,330,920	0.682	X X X	X X X		11,330,920
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	1,251,463,593	75.378	X X X	X X X		1,251,463,593
13.	TOTAL (Line 4 plus Line 12)	1,660,254,381	100.000	X X X	X X X		1,660,254,381

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999 TOTALS			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF INDIANA DURING THE YEAR
NAIC Group Code 4640 NAIC Company Code 52563

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	1,861									1,861
2. First Quarter	619									619
3. Second Quarter	641									641
4. Third Quarter	667									667
5. Current Year	671									671
6. Current Year Member Months	7,743									7,743
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	965,311									965,311
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	965,311									965,311
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,265,705									1,265,705
18. Amount Incurred for Provision of Health Care Services	1,468,247									1,468,247

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....965,311



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR
NAIC Group Code 4640 NAIC Company Code 52563

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	1,971									1,971
2. First Quarter	501									501
3. Second Quarter	516									516
4. Third Quarter	520									520
5. Current Year	514									514
6. Current Year Member Months	6,116									6,116
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	760,157									760,157
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	760,157									760,157
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	999,683									999,683
18. Amount Incurred for Provision of Health Care Services	1,159,656									1,159,656

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....760,157



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code 4640 NAIC Company Code 52563

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	371,131	11						2,752	365,130	3,238
2. First Quarter	407,752	31						3,297	403,441	983
3. Second Quarter	437,002	26						9,015	426,999	962
4. Third Quarter	438,706	23						7,995	429,719	969
5. Current Year	453,109	28						7,575	444,528	978
6. Current Year Member Months	5,127,568	288						76,268	5,039,378	11,634
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	5,240,413	83						138,617	5,101,713	
8. Non-Physician	4,704,514	44						171,724	4,532,746	
9. TOTAL	9,944,927	127						310,341	9,634,459	
10. Hospital Patient Days Incurred	173,352							8,379	164,973	
11. Number of Inpatient Admissions	45,888							1,726	44,162	
12. Health Premiums Written (b)	2,069,173,178	110,645						99,757,425	1,967,911,792	1,393,316
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	2,069,173,178	110,645						99,757,425	1,967,911,792	1,393,316
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,656,093,039	26,622						72,606,996	1,581,435,030	2,024,391
18. Amount Incurred for Provision of Health Care Services	1,752,683,118	92,915						90,124,922	1,660,116,940	2,348,341

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....101,150,741



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code 4640 NAIC Company Code 52563

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	4,384									4,384
2. First Quarter	979									979
3. Second Quarter	977									977
4. Third Quarter	1,005									1,005
5. Current Year	1,005									1,005
6. Current Year Member Months	11,883									11,883
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	1,537,057									1,537,057
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,537,057									1,537,057
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,895,953									1,895,953
18. Amount Incurred for Provision of Health Care Services	2,199,351									2,199,351

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....1,537,057



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 4640 NAIC Company Code 52563

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	379,347	11						2,752	365,130	11,454
2. First Quarter	409,851	31						3,297	403,441	3,082
3. Second Quarter	439,136	26						9,015	426,999	3,096
4. Third Quarter	440,898	23						7,995	429,719	3,161
5. Current Year	455,299	28						7,575	444,528	3,168
6. Current Year Member Months	5,153,310	288						76,268	5,039,378	37,376
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	5,240,413	83						138,617	5,101,713	
8. Non-Physician	4,704,514	44						171,724	4,532,746	
9. TOTAL	9,944,927	127						310,341	9,634,459	
10. Hospital Patient Days Incurred	173,352							8,379	164,973	
11. Number of Inpatient Admissions	45,888							1,726	44,162	
12. Health Premiums Written (b)	2,072,435,703	110,645						99,757,425	1,967,911,792	4,655,841
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	2,072,435,703	110,645						99,757,425	1,967,911,792	4,655,841
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,660,254,380	26,622						72,606,996	1,581,435,030	6,185,732
18. Amount Incurred for Provision of Health Care Services	1,757,510,372	92,915						90,124,922	1,660,116,940	7,175,595

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....104,413,266

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
9999999 Total (Sum of 0799999 and 1099999)

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity .....					.....	.....
Accident and Health - Affiliates - Non-U.S. - Other						
.....
1699999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Other .....					.....	.....
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total .....					.....	.....
1899999 Total - Accident and Health - Affiliates .....					.....	.....
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
13989	98-0636926 ...	01/01/2015	SAXON RE LTD	MI	1,477,571 .....	.....
11835	04-1590940 ...	07/01/2015	PARTNERRE AMER INS CO	DE	1,411,349 .....	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					2,888,920	.....
2199999 Total - Accident and Health - Non-Affiliates					2,888,920	.....
2299999 Total - Accident and Health					2,888,920	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					2,888,920	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....					.....	.....
9999999 Total (Sum of 1199999 and 2299999)					2,888,920	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	07/01/2014	PARTNERRE AMER INS CO	DE	SSL/A/I	MR	11,583						
11835	04-1590940	07/01/2014	PARTNERRE AMER INS CO	DE	SSL/A/I	MC	621,699						
13989	98-0636926	01/01/2015	SAXON RE LTD	MI	SSL/A/I	MC	1,186,200						
11835	04-1590940	07/01/2015	PARTNERRE AMER INS CO	DE	SSL/A/I	MR	56,869						
11835	04-1590940	07/01/2015	PARTNERRE AMER INS CO	DE	SSL/A/I	MC	815,575						
		01/01/2015	HHS	DC	OTH/A/I	CMM	1,186						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							2,693,112						
1099999 Total - General Account - Authorized - Non-Affiliates							2,693,112						
1199999 Total - General Account Authorized							2,693,112						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							2,693,112						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6699999 Total - Separate Accounts - Certified - Non-Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							2,693,112						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							2,693,112						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums	1				
2. Title XVIII-Medicare	68	12	3	2	
3. Title XIX - Medicaid	2,623	2,920	3,752	1,796	1,082
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	4,188	884	1,124	428	352
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	2,889	1,036	395	377	353
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					X X X
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					X X X
18. Funds deposited by and withheld from (F)					X X X
19. Letters of credit (L)					X X X
20. Trust agreements (T)					X X X
21. Other (O)					X X X

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	397,123,047		397,123,047
2. Accident and health premiums due and unpaid (Line 15)	28,694,102		28,694,102
3. Amounts recoverable from reinsurers (Line 16.1)	2,888,920	(2,888,920)	
4. Net credit for ceded reinsurance	X X X	2,888,920	2,888,920
5. All other admitted assets (Balance)	48,941,009		48,941,009
6. TOTAL Assets (Line 28)	477,647,078		477,647,078
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	293,679,311		293,679,311
8. Accrued medical incentive pool and bonus payments (Line 2)	2,656,594		2,656,594
9. Premiums received in advance (Line 8)	134,924		134,924
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	27,740,309		27,740,309
15. TOTAL Liabilities (Line 24)	324,211,138		324,211,138
16. TOTAL Capital and Surplus (Line 33)	153,435,940	X X X	153,435,940
17. TOTAL Liabilities, Capital and Surplus (Line 34)	477,647,078		477,647,078
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	2,888,920		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	2,888,920		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance	2,888,920		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only							
		1	2	3	4	5	6
	States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama (AL)						
2.	Alaska (AK)						
3.	Arizona (AZ)						
4.	Arkansas (AR)						
5.	California (CA)						
6.	Colorado (CO)						
7.	Connecticut (CT)						
8.	Delaware (DE)						
9.	District of Columbia (DC)						
10.	Florida (FL)						
11.	Georgia (GA)						
12.	Hawaii (HI)						
13.	Idaho (ID)						
14.	Illinois (IL)						
15.	Indiana (IN)						
16.	Iowa (IA)						
17.	Kansas (KS)						
18.	Kentucky (KY)						
19.	Louisiana (LA)						
20.	Maine (ME)						
21.	Maryland (MD)						
22.	Massachusetts (MA)						
23.	Michigan (MI)						
24.	Minnesota (MN)						
25.	Mississippi (MS)						
26.	Missouri (MO)						
27.	Montana (MT)						
28.	Nebraska (NE)						
29.	Nevada (NV)						
30.	New Hampshire (NH)						
31.	New Jersey (NJ)						
32.	New Mexico (NM)						
33.	New York (NY)						
34.	North Carolina (NC)						
35.	North Dakota (ND)						
36.	Ohio (OH)						
37.	Oklahoma (OK)						
38.	Oregon (OR)						
39.	Pennsylvania (PA)						
40.	Rhode Island (RI)						
41.	South Carolina (SC)						
42.	South Dakota (SD)						
43.	Tennessee (TN)						
44.	Texas (TX)						
45.	Utah (UT)						
46.	Vermont (VT)						
47.	Virginia (VA)						
48.	Washington (WA)						
49.	West Virginia (WV)						
50.	Wisconsin (WI)						
51.	Wyoming (WY)						
52.	American Samoa (AS)						
53.	Guam (GU)						
54.	Puerto Rico (PR)						
55.	U.S. Virgin Islands (VI)						
56.	Northern Mariana Islands (MP)						
57.	Canada (CAN)						
58.	Aggregate other alien (OT)						
59.	TOTALS						

NONE

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
.....	.....	00000	52-2422207	.....	.....	.....	Caidan Enterprises, Inc. ....	.. MI ..	... UIP ..	David B. Cotton	Ownership, Board of Directors .....	..... 34.5	David B. Cotton .....	.....
.....	.....	00000	26-4004578	.....	.....	.....	Caidan Holding Company, Inc. ....	.. MI ..	... UDP ..	Caidan Enterprises, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.....
.....	.....	0000	26-4004494	.....	.....	.....	Caidan Management Company, LLC .....	.. MI ..	... NIA ..	Caidan Enterprises, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.....
.....	.....	0000	38-3360283	.....	.....	.....	Health Management, Inc. ....	.. MI ..	... NIA ..	David B. Cotton	Ownership .....	..... 100.0	David B. Cotton .....	.....
.....	.....	00000	27-1339224	.....	.....	.....	MeridianRx, LLC .....	.. MI ..	... NIA ..	Caidan Enterprises, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.....
4640 ..	Caidan Enterprises Inc Grp ...	13189	20-3209671	.....	.....	.....	Meridian Health Plan of Illinois, Inc. ....	.. IL ..	... IA ..	Caidan Holding Company, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.....
4640 ..	Caidan Enterprises Inc Grp ...	14145	45-1749180	.....	.....	.....	Meridian Health Plan of Iowa, Inc. ....	.. IA ..	... IA ..	Caidan Holding Company, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.....
4640 ..	Caidan Enterprises Inc Grp ...	14228	36-4717033	.....	.....	.....	Granite Care - Meridian Health Plan of New Hampshire, Inc. ....	.. NH ..	... IA ..	Caidan Holding Company, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.....
4640 ..	Caidan Enterprises Inc Grp ...	52563	38-3253977	.....	.....	.....	Meridian Health Plan of Michigan, Inc. ....	.. MI ..	... RE ..	Caidan Holding Company, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.....
.....	.....	00000	47-2467691	.....	.....	.....	1000 Webward Single Member, LLC .....	.. MI ..	... NIA ..	Caidan Management Company, LLC	Ownership .....	..... 50.0	David B. Cotton	00000001
.....	.....	00000	26-4004494	.....	.....	.....	Building Amenities Day Care, LLC .....	.. MI ..	... NIA ..	Caidan Management Company, LLC	Ownership .....	..... 100.0	David B. Cotton .....	.....
.....	.....	00000	26-4004494	.....	.....	.....	Building Amenities Wellness Center, LLC .....	.. MI ..	... NIA ..	Caidan Management Company, LLC	Ownership .....	..... 100.0	David B. Cotton .....	.....
.....	.....	00000	26-4004494	.....	.....	.....	Building Amenities Cafeteria, LLC .....	.. MI ..	... NIA ..	Caidan Management Company, LLC	Ownership .....	..... 100.0	David B. Cotton .....	.....
.....	.....	00000	20-4748305	.....	.....	.....	KMR Associates, LLC .....	.. MI ..	... NIA ..	Caidan Management Company, LLC	Ownership .....	..... 100.0	David B. Cotton .....	.....
.....	00000	38-3300727	Air Eagle, LLC MI NIA ..	KMR Associates, LLC	Ownership 25.0	David B. Cotton	00000001

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Asterisk	Explanation
00000001	The remaining percent is owned by one or more unaffiliate companies.

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 52563 ..	.. 38-3253977 ..	MERIDIAN HLTH PLAN OF MI INC .....	.....	.. 40,000,000 ..	.....	.....	.. (455,244,602) ..	.....	.....	.....	.. (415,244,602) ..	.....
.. 13189 ..	.. 20-3209671 ..	MERIDIAN HLTH PLAN OF IL INC .....	.....	.. 50,000,000 ..	.....	.....	.. (238,452,173) ..	.....	.....	.....	.. (188,452,173) ..	.....
.. 14145 ..	.. 45-1749180 ..	MERIDIAN HLTH PLAN OF IA INC .....	.....	.. 2,000,000 ..	.....	.....	.. (17,299,388) ..	.....	.....	.....	.. (15,299,388) ..	.....
.. 14228 ..	.. 36-4717033 ..	GRANITE CARE MERIDIAN HLTH PLAN OF N .....	.....	.. 400,000 ..	.....	.....	.....	.....	.....	.....	.. 400,000 ..	.....
.. 00000 ..	.. 26-4004494 ..	CAIDAN MANAGEMENT COMPANY, LLC .....	.....	.....	.....	.....	.. 287,532,531 ..	.....	.....	.....	.. 287,532,531 ..	.....
.. 00000 ..	.. 27-1338224 ..	MERIDIANRX, LLC .....	.....	.....	.....	.....	.. 423,463,632 ..	.....	.....	.....	.. 423,463,632 ..	.....
.. 00000 ..	.. 26-4004578 ..	CAIDAN HOLDING COMPANY, INC. ....	.....	.. (92,400,000) ..	.....	.....	.....	.....	.....	.....	.. (92,400,000) ..	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
2. Will an actuarial opinion be filed by March 1? Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1? Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
JUNE FILING
8. Will an audited financial report be filed by June 1? Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
AUGUST FILING
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? Yes
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
APRIL FILING
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes
AUGUST FILING
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Yes

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit
5256320153600000 2015 Document Code: 360

Health Life Supplement
5256320152050000 2015 Document Code: 205

Health Property / Casualty Supplement
5256320152070000 2015 Document Code: 207

Schedule SIS
5256320154200000 2015 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies
5256320153710000 2015 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5
5256320153700000 2015 Document Code: 370

Approval for Relief related to five-year rotation for lead Audit Partner
5256320152240000 2015 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA
5256320152250000 2015 Document Code: 225

Approval for Relief related to Require. for Audit Committees
5256320152260000 2015 Document Code: 226

LTC Supplemental Interrogatories
5256320153060000 2015 Document Code: 306

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Health Life Supplement - LHA Guaranty Association Reconciliation



52563201521100000 2015 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



52563201521300000 2015 Document Code: 213

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)
2504.
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2
	Current Year	Prior Year
4704.
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)



Medicare Part D Coverage Supplement
(Net of Reinsurance)

NAIC Group Code: 4640

(To be Filed By March 1)

NAIC Company Code: 52563

	Individual Coverage		Group Coverage		5 Total Cash
	1	2	3	4	
	Insured	Uninsured	Insured	Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		X X X		X X X	
1.12 Without Reinsurance Coverage	3,062,238	X X X		X X X	3,062,238
1.13 Risk-Corridor Payment Adjustments		X X X		X X X	
1.2 Supplemental Benefits		X X X		X X X	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		X X X		X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits		X X X		X X X	X X X
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		X X X		X X X	X X X
3.12 Without Reinsurance Coverage		X X X		X X X	X X X
3.2 Supplemental Benefits		X X X		X X X	X X X
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable	1,730,229	X X X		X X X	X X X
4.2 Payable		X X X		X X X	X X X
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		X X X		X X X	X X X
5.12 Without Reinsurance Coverage	3,062,238	X X X		X X X	X X X
5.13 Risk-Corridor Payment Adjustments	1,730,229	X X X		X X X	X X X
5.2 Supplemental Benefits		X X X		X X X	X X X
6. TOTAL Premiums	4,792,467	X X X		X X X	3,062,238
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		X X X		X X X	
7.12 Without Reinsurance Coverage	6,678,179	X X X		X X X	6,678,179
7.2 Supplemental Benefits		X X X		X X X	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		X X X		X X X	X X X
8.12 Without Reinsurance Coverage	873,187	X X X		X X X	X X X
8.2 Supplemental Benefits		X X X		X X X	X X X
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		X X X		X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits		X X X		X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		X X X		X X X	X X X
10.12 Without Reinsurance Coverage	7,551,366	X X X		X X X	X X X
10.2 Supplemental Benefits		X X X		X X X	X X X
11. TOTAL Claims	7,551,366	X X X		X X X	6,678,179
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of reimbursements applied	X X X	7,355,425	X X X		7,355,425
12.2 Reimbursements Received but Not Applied - change	X X X		X X X		
12.3 Reimbursements Receivable - change	X X X	7,355,425	X X X		X X X
12.4 Healthcare Receivables - change	X X X		X X X		X X X
13. Aggregate Policy Reserves - change					X X X
14. Expenses Paid	1,091,293	X X X		X X X	1,091,293
15. Expenses Incurred	1,091,293	X X X		X X X	X X X
16. Underwriting Gain/Loss	(3,850,192)	X X X		X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	(12,062,659)

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